VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(a)) - INDEPENDENT INVENTORS

DOCKET NUMBER 0194-2001

Applicant or Patentee: David H. Masury and Edward P. Thompson Serial or Patent No.: Filed or Issued: Title: SURGICAL SCALPEL As a named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office in connection with the invention described in: the specification filed herewith with the title as listed above. the application identified above. the patent ident fied above. I have not a signed, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). If the rights held by the independent inventor are not exclusive, each individual, concern or organization having rights to the invention is listed below. It is acknowledged that an entity listed below must file separate verified statements averring to their status and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under

Each person, concern or organization having any rights in the invention is listed below:

_____ x ____ no such person, concern, or organization exists.
_____ each such person, concern or organization is listed below.

37 CFR 1.9(d) or a monprofit organization under 37 CFR 1.9(e).

I acknowled se the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the valid ty of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR:

David H. Masury

SIGNATURE

DATE 04 06/0

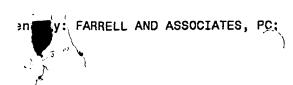
NAME OF INVENTOR:

Edward P. Thompson

SIGNATURE_

DATE

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Please type a plus sign (+) inside this box →



PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARAT	ION FOR UT	Attorney Docket Number	0194-2001							
ED A (TOTAL)	DESIGN	First Named Inventor	David H. Masury							
	T APPLICAT 7 CFR 1.63)	COMPLETE IF KNOWN								
	7 (SIR 1.05)		Application Number							
Declaration Submitted	OR ·	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date							
with Initial . Filing			Group Art Unit							
			Examiner Name							
As a below named inventor,	I by reby declare that									
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SURGICAL SCALPEL (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International Application Number										
I hereby claim foreign priority ber effits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a liling date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
			0000							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amoun of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

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DECLARATION - Utility or Design Patent Application										
Direct all correspondence to:		Customer Number or Bar Code Label		OR	Correspondence address below		s below			
Name	Kevin M. Farre	: 1.								
Address	Kevin M. Farre P.O. Box 999	l., P.C.								
City	York Harbor	State		Maine	ZIP	03911				
Country	USA	Telephone	elephone (207) 363-0558			Fax	(207) 363-0528			
I hereby declare that all statements made berein of my own knowledge are true and that all statements made on information and belief are believed to be true; and furthe: that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any 1 atem issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:				☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))		David H.		Family Name or Surname		Masury				
Inventor's Signature and Man Date 02/06/04										
Residence: City		Kittery Point	State	ME	Country	USA	Citizenship	US		
Mailing Address	1 Foyes Lane	Foyes Lane								
City	Kittery Point		State	ME	ZIP	03905	Country	USA		
NAME OF SECOND INVENTO 3: A petition has been filed for this unsigned inventor								ntor		
Given Name (first and middle (if any)) Edward P.				Family Name or Surname		Thompson				
Inventor's Signature	led V.	. 72			Date 02/06/02					
Residence: City		Portsmouth	State	NH	Country	USA	Citizenship	US		
Mailing Address	i	57 Salter Street								
City	Portsmouth		State	NH	ZIP	03801	Country	U SA		
☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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